

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		2-29-00
O.I.P.E. CLASSIFIER	M.W.	59	03-10-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		60874	4-20-00

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## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	1/1/00
2	
3	
4	
5	✓
6	
7	0
8	✓
9	0
10	0
11	0
12	0
13	0
14	✓
15	✓
16	✓
17	
18	✓
19	0
20	
21	✓
22	0
23	0
24	0
25	0
26	✓
27	✓
28	✓
29	✓
30	0
31	0
32	✓
33	0
34	✓
35	
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39	
40	1
41	✓
42	0
43	0
44	✓
45	0
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Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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